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AMENDED IN SENATE AUGUST 29, 2011
AMENDED IN ASSEMBLY MAY 27, 2011
AMENDED IN ASSEMBLY APRIL 25, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1387

Introduced by Assembly Member Solorio (Coauthor: Senator Hancock)

February 18, 2011

An act to add and repeal Section 3054.5 of the Penal Code, relating to parole. An act to amend Sections 1797.270, 1797.274, and 1797.276 of, and to repeal and add Section 1797.201 of, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1387, as amended, Solorio. Rebuilding Communities and Rebuilding Lives Act of 2011. Emergency medical services.

(1) Existing law establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which governs local emergency medical service systems and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. The act requires a county to enter into a written agreement with a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services regarding the provision of these services for the city or fire district, as specified. The act requires, until an agreement is reached, prehospital emergency

AB 1387 -2-

medical services to be continued at not less than the existing level, unless reduced by the city council or the governing body of the fire district, as specified.

This bill would continue the authorization of a city or fire district that had continuously contracted for or provided prehospital emergency medical services (EMS) since June 1, 1980, to contract for or provide the administration of the same type of prehospital EMS that it has continuously provided or contracted for during that time, within the geographical service area that it continuously served during that time, if the city or fire district makes a formal written request to the local EMS agency prior to January 1, 2014, and if specified conditions are met. The bill would authorize a city or fire district to increase its geographical area if specified conditions are met. The bill would prohibit a local EMS agency from creating an exclusive operating area for a type of prehospital EMS provided or contracted for by a city or fire district that is providing continuing prehospital EMS.

(2) The EMS act authorizes the establishment of an emergency medical care committee in each county and requires the committee to annually review ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. The act also requires the committee to report its observations and recommendations relative to this review to the authority and the local EMS agency.

This bill would, instead, require the committee to review the county's emergency medical care system and to act in an advisory capacity to the county board or boards of supervisors. The bill would require the membership of an emergency medical care committee in each county to be representative of the EMS system participants.

- (3) By increasing the duties of local officials, this bill would impose a state-mandated local program.
- (4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Existing law, until January 1, 2011, required the Department of Corrections and Rehabilitation to establish a pilot program in Alameda

-3- AB 1387

County for parolees returning to Alameda County to conduct needs-based assessments of the individual parolees, as specified.

This bill would require the California Emergency Management Agency, until January 1, 2017, subject to an appropriation of funds, and, additionally, with funds received through private contributions, to establish a Youthful Offender Reentry (Cal-YOR) competitive grant program specifically targeting offenders who will be between 16 and 23 years of age upon their release from a local county juvenile facility, the Department of Corrections and Rehabilitation's Division of Juvenile Facilities, probation, or parole to assist in community reintegration upon release, as specified. The reentry programs would include construction training, academic services, counseling, and tracking of graduates after completion of the program. The bill would require the agency to maintain statistical information related to the reentry programs, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no-yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the 2 following:

- (a) Emergency medical services (EMS) system coordination remains the key factor in efficiently delivering the highest level of prehospital patient care and emergency medical transport.
- (b) All prehospital EMS providers in the EMS delivery system must be guided by consistent, clear standards regarding their rights, responsibilities, and duties arising out of the provision of prehospital EMS to their respective communities.
- (c) Local EMS agencies responsible for developing and maintaining a local emergency medical services plan must be guided by and responsive to reasonable and consistent standards for evaluating and determining the scope, manner, and types of services provided within their respective jurisdictions, particularly when making determinations regarding exclusive operating areas and the roles of cities and fire districts that have provided prehospital EMS at not less than the existing level since June 1, 1980.

AB 1387 —4—

(d) It is the intent of this act to preserve the rights of cities and fire districts as set forth in Section 1797.201, as that section read on December 31, 2011.

- (e) Cities, fire districts, private providers, and local EMS agencies are vital partners in the delivery of prehospital EMS, partners that contribute to a rapid deployment of highly trained EMS personnel.
- (f) It is in the public interest to ensure that all agencies providing prehospital EMS do so within a coordinated EMS system that provides clear standards for training, certification, and licensure of personnel, as well as for administration, medical control, and clinical oversight.
- SEC. 2. Section 1797.201 of the Health and Safety Code is repealed.

1797.201. Upon the request of a city or fire district that contracted for or provided, as of June 1, 1980, prehospital emergency medical services, a county shall enter into a written agreement with the city or fire district regarding the provision of prehospital emergency medical services for that city or fire district. Until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level, and the administration of prehospital EMS by cities and fire districts presently providing such services shall be retained by those cities and fire districts, except the level of prehospital EMS may be reduced where the city council, or the governing body of a fire district, pursuant to a public hearing, determines that the reduction is necessary.

Notwithstanding any provision of this section the provisions of Chapter 5 (commencing with Section 1798) shall apply.

SEC. 3. Section 1797.201 is added to the Health and Safety Code, to read:

1797.201. (a) A city or fire district that has continuously provided, or contracted for, prehospital emergency medical services (EMS) since June 1, 1980, shall have continuing authorization to provide or contract for the administration of, with control as this term is defined in regulation, the same type of prehospital EMS that it has continuously provided, or contracted for, during that time, within the geographical service area that it has continuously served during that time, if the city or fire district makes a formal written request for recognition to the local EMS

5 AB 1387

agency prior to January 1, 2014, and if the following conditions are met:

- (1) The city or fire district has not previously entered into a written prehospital EMS agreement with a county. A city or fire district that has previously entered into an agreement exclusively for the purpose of agreeing to adhere to the local EMS agency's medical control policies and procedures shall not constitute a written prehospital EMS administration agreement under this section.
- (2) The city or fire district requesting recognition enters into a written agreement, of an unlimited term, with the local EMS agency, in a form specified by the local EMS agency, for the purposes of this section, addressing only the following:
- (A) Medical control, pursuant to Chapter 5 (commencing with Section 1798) including policies, protocols, emergency medical dispatch protocols, and quality improvement.
 - (B) Coordination of EMS resources.

- (C) Recognition of the type of prehospital EMS that the city or fire district is authorized to perform.
- (D) Designation of the geographical service area for which authorization is granted.
 - (E) Standards for operational control.
 - (F) Other terms mutually agreed upon by the contracting parties.
- (b) If the city or fire district fails to enter into an agreement with the local EMS agency, or failed to commence an appeal, by January 1, 2014, then the city or fire district shall not perform or contract for that type of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division. A city or fire district that has commenced an appeal shall continue to provide or contract for those services it has provided as of the date of the appeal, until the appeal is resolved. Appeals shall proceed in the following order: (i) the local emergency medical care committee or its equivalent, (ii) the governing body of the local EMS agency, and (iii) judicial review.
- (c) If a city or fire district that meets the specifications of this section has increased or increases its geographical area beyond the geographical service area that it served as of June 1, 1980, through annexation or consolidation, the following shall apply for the newly acquired area:

AB 1387 -6-

(1) If the annexation or consolidation occurred prior to January 1, 2012, the annexing city, fire district, or consolidated entity shall qualify for recognition to provide or contract for the existing type of prehospital EMS that the annexing city, fire district, or consolidated entity has provided or contracted for continuously since the annexation or consolidation occurred. Notwithstanding any other law, an annexation or consolidation shall not displace an EMS provider with a current contract with a local EMS agency to provide a type of EMS within an exclusive operating area.

- (2) If the annexation or consolidation occurs after January 1, 2012, the annexing city, fire district, or consolidated entity shall assume the recognition to provide or contract for the preexisting type of prehospital EMS that had been continuously provided, or contracted for, since June 1, 1980, by the predecessor city or fire district for that geographical service area if there was such a city or fire district for that geographical service area. Notwithstanding any other law, an annexation or consolidation shall not displace an EMS provider with a current contract with a local EMS agency to provide a type of EMS within an exclusive operating area.
- (3) This section shall not be construed to authorize any other public agency overseeing an annexation or consolidation to make changes to the local EMS agency's EMS plan for the provision of prehospital EMS.
- (d) A city or fire district contracting to provide services may enter into a written agreement for recognition to provide a type or types of prehospital EMS with the local EMS agency pursuant to subdivision (a), on behalf of the city or fire district that has continuously provided or contracted for, as of June 1, 1980, a type or types of prehospital EMS.
- (e) A city or fire district that has not continuously provided or contracted for a type of prehospital EMS since June 1, 1980, shall not provide or contract for that type of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division.
- (f) A local EMS agency shall include all cities and fire districts that comply with the requirements of this section in its local emergency medical services plan.
- 38 (g) For purposes of this section, "type of prehospital EMS" 39 shall only include one or more of the following:

7 AB 1387

(1) First response, which means the delivery of prehospital EMS without patient transport.

- (2) Dispatch, which means dispatch of a provider's own or contracted prehospital EMS resources.
- (3) 911 ambulance transport service, which means ambulance service provided in response to a 911 call or, as determined by the local EMS agency, an emergency call to a seven digit number.
- (h) This section shall not preclude a city or fire district from increasing the level of service it provides or contracts for within a type of prehospital EMS for which it has continuously provided service since June 1, 1980. For the purpose of this section, "level" shall mean basic life support, limited advanced life support, or advanced life support. Without limiting the foregoing, a city or fire district that has continuously provided basic life support first response since June 1, 1980, may upgrade to advanced life support first response.
- (i) The level of prehospital EMS provided by a city or fire district may be reduced where the governing body of a city or fire district, pursuant to a public hearing, determines that the reduction is necessary. When a governing body of a city or fire district has determined that a service-level reduction is necessary, notice shall be provided to the local EMS agency a minimum of 90 days before the service reduction is implemented. The local EMS agency shall conduct a public hearing to report on the impact of the proposed service reduction on the local EMS system.
- (j) This section shall not be construed to permit a city or fire district to add a type of prehospital EMS that it has not provided or contracted for continuously since June 1, 1980.
- (k) A local EMS agency shall not create an exclusive operating area for a type of prehospital EMS provided or contracted for by a city or fire district meeting the requirements of this section within the geographical service area of the city or fire district unless the exclusive operating area is awarded to that city or fire district through a noncompetitive process in accordance with Section 1797.224.
- (l) The continuing authorization of a city or fire district to provide a type or types of prehospital EMS recognized pursuant to this section shall transfer to any successor agency, including, but not limited to, a joint powers agency, but that recognition shall be limited to the geographical area of the predecessor agency that

AB 1387 —8—

1 continuously provided or contracted for, as of June 1, 1980, that 2 type or those types of prehospital EMS.

SEC. 4. Section 1797.270 of the Health and Safety Code is amended to read:

1797.270. An emergency medical care committee may be established in each county in this state. *The committee membership shall be representative of the EMS system participants*. Nothing in this division should be construed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.

SEC. 5. Section 1797.274 of the Health and Safety Code is amended to read:

1797.274. The emergency medical care committee shall, at least annually, review the operations of each of the following: county's emergency medical care system.

- (a) Ambulance services operating within the county.
- (b) Emergency medical care offered within the county, including programs for training large numbers of people in eardiopulmonary resuscitation and lifesaving first aid techniques.
 - (c) First aid practices in the county.
- SEC. 6. Section 1797.276 of the Health and Safety Code is amended to read:

1797.276. Every emergency medical care committee shall, at least annually, report to the authority, and the local EMS agency its observations and recommendations relative to its review of the ambulance services, emergency medical care, and first aid practices, and programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques, and public participation in such programs in that county. county's emergency medical care system. The emergency medical care committee shall submit its observations and recommendations to the county board or boards of supervisors which it serves and shall act in an advisory capacity to the county board or boards of supervisors—which that it serves, and to the local EMS agency, on all matters relating to emergency medical-services as directed by the board or boards of supervisors. services.

SEC. 7. This act, which repeals and adds Section 1797.201 of the Health and Safety Code, shall not be construed to affect, limit, or otherwise invalidate any decision by a court of competent jurisdiction that interprets and applies Division 2.5 (commencing -9-**AB 1387**

with Section 1797) of the Health and Safety Code, as that division 2 read on December 31, 2011.

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SEC. 8. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SECTION 1. Section 3054.5 is added to the Penal Code, to read:

3054.5. (a) (1) The California Emergency Management Agency, to the extent funds are appropriated for the purpose of this section, shall establish a Youthful Offender Reentry (Cal-YOR) competitive grant program specifically targeting offenders who will be between 16 and 23 years of age upon their release from a local county juvenile facility, the Department of Corrections and Rehabilitation's Division of Juvenile Facilities, probation, or parole. In addition to funds appropriated for the purpose of this section as specified in this paragraph, the agency may additionally accept private contributions to fund grants authorized by this section.

- (2) Grantees shall preenroll eligible youths into eligible community programs, as defined in this section. Priority shall be given to programs that have existed for at least one year prior to the effective date of this section and to those eligible community programs that have operated at any time in the previous three years.
- (3) Each grantee shall officially enroll each youthful offender into its program no more than 72 hours after release from a described local or state facility. Participation of an eligible youth in any eligible community program shall commence no more than 72 hours after release, parole, or discharge from a facility operated by the department or the local entity. Enrollment and participation are subject to the approval of each program or local entity.
- (b) For purposes of this section, an "eligible community program" means, at a minimum, a program that provides all of the following:
- (1) Integrated education and job training services and activities on an equally divided basis, with 50 percent of participants' time spent in classroom-based instruction, counseling, and leadership development instruction, and 50 percent of participants' time spent in experiential job training.

AB 1387 -10-

(A) The education component described in this paragraph shall include basic skills instruction, secondary education services, and other activities designed to lead to the attainment of a high school diploma or its equivalent. The curriculum for this component shall include math, language arts, vocational education, life skills training, social studies related to the cultural and community history of the participants, and leadership skills.

- (B) Bilingual services shall be available for individuals with limited English proficiency and an English learning curriculum shall be provided where feasible and appropriate.
- (C) A program shall have a goal of a minimum teacher-to-student ratio of one teacher for every 18 students.
- (D) The job training component described in paragraph (1) shall involve work experience and skills training apprenticeships related to construction and rehabilitation activities as described in paragraph (4).
- (2) Assistance in attaining postsecondary education and in obtaining financial aid shall be made available to participants prior to graduation from the program.
- (3) Counseling services designed to assist participants in positively participating in society, including all of the following, as necessary:
 - (A) Outreach, assessment, and orientation.
- (B) Individual and peer counseling.
 - (C) Life skills training.
 - (D) Drug and alcohol abuse education and prevention.
- (E) Referral to appropriate drug rehabilitation, medical, mental health, legal, housing, and other community services and resources. A program shall have a goal of a minimum counselor-to-participant ratio of one counselor for every 28 participants.
- (4) Acquisition, rehabilitation, acquisition and rehabilitation, or construction of housing and related facilities to be used for the purpose of providing home ownership for disadvantaged persons, residential housing for homeless individuals and very low income families, or transitional housing for persons who are homeless, ill, deinstitutionalized, or who have disabilities or special needs.
- (5) Leadership development training that provides participants with meaningful opportunities to develop leadership skills, including decisionmaking, problem solving, and negotiating. A

—11— AB 1387

program shall encourage participants to develop strong peer group ties that support their mutual pursuit of skills and values.

- (e) Each eligible community program shall work cooperatively with local probation and parole offices to ensure appropriate oversight of any eligible youth who enrolls and participates in the program for the duration of the eligible youth's participation and term of probation or parole. Eligible community programs shall meet the requirements described in Article 4 (commencing with Section 9800) of Chapter 2 of Part 1 of Division 3 of the Unemployment Insurance Code.
- (d) For purposes of this section, an "eligible youth" means a person between 16 and 23 years of age, who is economically disadvantaged, as defined in Section 12511 of Title 42 of the United States Code, and who is under the custody and control of the Department of Corrections and Rehabilitation, Division of Juvenile Facilities or a county.
- (e) Priority for enrollment shall be given to eligible youths whom the department or local entity has determined to be gang affiliated, or who have an immediate family member who has been identified as gang affiliated.
- (f) The California Emergency Management Agency shall maintain statistical information on the success of this program, including, but not limited to, the number of eligible youths served and the rate of return to custody for those eligible youths who enroll and participate in an eligible community program. This information shall be provided to the Legislature upon request.
- (g) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.